## MONTHLY TRAVEL EXPENDITURES

Name	D	Date ( <i>From</i> )		(To) Building	
Date	Itineary - Destination	Milea Beginning	age Ending	Miles x Policy Rate (409.32-R)	Total Cost

Total \_\_\_\_\_ Approval \_\_\_\_\_

Account Code: \_\_\_\_\_

Form 525 (Revised 12/2012)